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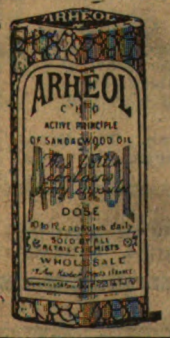

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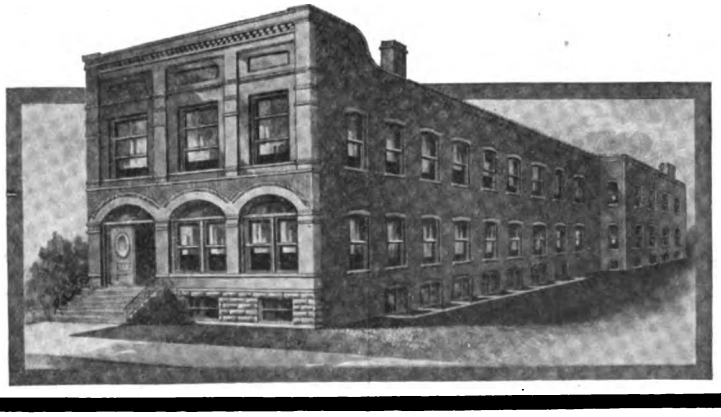

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ORIGINAL COMMUNICATIONS

ACUTE MASTOIDITIS.

By John F. Barnhill, M. D., Indianapolis.

What is acute mastoiditis? The question is asked because the nature of the disease is looked upon differently. It is an inflammation of the mucous lining of the mastoid antrum and mastoid cells. If continued and severe the mucous membrane is eroded, the underlying bone is denuded, sooner or later this bony structure is broken down, and, finally, in some cases there is perforation of the osseous cortex with rupture of pus externally under the skin or internally into the cranial cavity. Mastoiditis is a secondary disease. It is a complication of middle ear suppuraton.

How may mastoiditis be diagnosed? Each case may be so different that an entirely different set of symptoms may be expected in each. Usually, however, there are some symptoms common to all. A discharging ear is present in practically every case of mastoiditis. It is now well proven that very rarely mastoiditis is present without a running ear. In such as these the middle ear suppuration is present, but for some reason the drum head has not ruptured and the pus from the cavity flows directly into the mastoid. Traumatism of the mastoid also may cause mastoid abscess without involving the middle ear.

Both these causes are rare, and are mentioned only to emphasize the fact that although a running ear is the most constant symptom there are rare cases when there is no discharge. It is probable that in every case of discharging ear some pus overflows into the mastoid antrum and cells. Pus in the cells and antrum does not always mean mastoid disease. It is only when this pus is virulent, as in measles or scarlet fever, and destroys the mucous membrane and bone, that its presence indicates

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mastoiditis. The fact that the ear discharges is therefore of diagnostic value only in connection with other facts. If in the course of a middle ear suppuration the pain, fever and discharge grow less in a week from its beginning, and the general well being of the patient is improved, it is more than probable mastoiditis is not present. If, however, at the end of a week the discharge is increased, and if it continues to increase or remain stationary at the end of two weeks, this fact alone should be very suspicious of mastoid complication.

Mastoiditis is nearly always caused by infection which spreads from the nose or throat first to the ear and later to the mastoid. Should bacteriologic examination of the aural pus demonstrate the more active forms of bacteria, as streptococci, mastoiditis may develop during the first few days, and may break down the whole interior of the mastoid process in an incredibly short time.

Pain is present at some time in nearly every case. It may be violent and continuous or, as is often true, it takes the form of a deeply seated heavy ache around the mastoid region. In this latter class this symptom is not prominent and may be overlooked. Nearly every such patient will state that he is awakened one or more times during the night by such pain, but usually does not emphasize the symptom. The amount of pain in any case depends greatly upon freedom of mastoid and aural drainage. If this drainage is good the pain may amount to little or nothing. It is not uncommon to have patients remark that surely they could not have mastoiditis because they no longer suffer. Operation on these often proves the fallacy of such belief. It is not uncommon at operation to find the whole mastoid interior broken down, and even large sequestra, in those who have suffered but little. Pain is often determined only by pressure over the affected area. There are few cases of genuine mastoiditis that will not complain of pain if steady, firm pressure is made over the tip of the mastoid process or over the site of the mastoid antrum. This is one of the most certain tests. It may, however, be badly interpreted by careless methods. For example, infection having origin in the tonsils or teeth is frequently carried to the gland and muscular structures of that part of the neck adjoining the mastoid process. In such cases much pain and soreness is complained of by the patient and pressure over the attachment of the muscles to the mastoid process will give rise to pain. Mastoiditis is often mistakenly diagnosed under such circumstances. If there is at the time of the examination no aural discharge, and has been none, but if on examination of the throat and teeth infection can be demonstrated there, the cause of the pain can usually be determined.

Fever.—Mastoiditis is very frequently caused by some general ailment as, measles, lagrippe, scarlet fever, etc. In such cases there is fever due to the general disease should aural mastoid complications arise. The temperature is usually increased for a time by the complication, but often returns to normal or subnormal, even in those cases where bone destruction is greatest. The absence of fever therefore is not good evidence that the mastoid is not involved.

Redness and swelling over the mastoid. It is rather common belief that the mastoid surface will be found reddened and swollen if mastoid disease is present. There is no greater fallacy. Redness and swelling are sometimes found, and are always late symptoms. A positive diagnosis should always be made at a time earlier than the appearance of these phenomena. They are almost never present except the disease has continued long enough, or it has been violent enough to have broken down the cellular interior of the mastoid, and then to have perforated the bone outwardly. The escape of pus through the perforated bone under the skin causes the pain and swelling, and therefore it should be emphasized that the symptoms could not be present until mastoiditis is well established. It is a dangerous habit, therefore, to await the appearance of redness and

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swelling before making a diagnosis for the reason that while waiting the perforation is perhaps more apt to take place brainward than swinward, and should it follow the former course serious brain complication is almost inevitable.

The general appearance of the patient is often that of one suffering from some serious ailment. A few, even of the worst examples of mastoid disease do not suffer from most of the above enumerated symptoms. Many there are who, after the first few hours of suffering go on with no symptoms except a continued profuse aural discharge and a septic, anemic appearance. Such patients are usually up and around and may continue to do their normal work. They do not feel normal or appear normal, but unless one knows pretty intimately the course of some cases of mastoid involvement he may not suspect that serious disease is present and great danger to life imminent. A long continued, profuse aural discharge always means a mastoid involvement. This may continue into a chronic mastoiditis and go on for years, or post-aural, subdural or other abscess may come suddenly with violent symptoms. Any profuse aural discharge that continues beyond two or three weeks is one that usually requires surgery for safety and cure.

The x-ray examination is helpful in diagnosis. One reasonably well skilled in the interpretation of the symptomotology and in making physical examination of the ear will seldom need the services of the x-ray in reaching a definite conclusion. X-ray examination, when made should never be depended upon solely. It must be combined with the most painstaking analysis of all the findings of the examination, and is therefore only an added point.

What is the modern view as to treatment of acute mastoiditis? The first duty is prevention. In all cases of acute middle ear abscess a free incision of the drum head even before actual pus has formed is the surest preventive. Neglect of this allows the infected middle ear contents to overflow into the mastoid antrum and cells, inviting mastoid inflammation. Mastoiditis usually originates in an infection from the nose or throat. This environment should, therefore, receive careful attention from the first. If free drainage, care of the throat and nose as suggested, and confinement to the house or bed does not avert a mastoid application the case becomes a surgical one. Surgery of the mastoid region thirty-five years ago was regarded most dangerous. Those afflicted with mastoiditis then usually died from neglect, died from inertia and procrastination of the surgeon. This has all been changed. Mastoid disease may now be recognized early, and no operation in surgery is safer than mastoidectomy when done before extension to the brain or venous sinuses of the brain has taken place. Not only does such an operation save the life, but it also preserves the hearing, usually restoring it to a normal or near normal degree.

Of course it is not here advocated that every case of acute mastoiditis should be operated at once. Many get well without operation. The thing that is advocated, however, is that early diagnosis should be made, the case watched with due precaution to the early approach of danger, and then operation performed at the earliest necessary time.

Not only are mastoid operations as performed at present not dangerous, but recovery from the disease and the operation have been greatly shortened. The patient also suffers much less from the wound and dressings than formerly, and hence mastoidectomy does not now give rise to the same degree of danger and apprehension on the part of the patient as was the case a quarter century ago. When mastoid surgery is necessary the patient may be assured of safety, conservation of hearing, quick and comparatively painless recovery.

OLD AND NEW MODELS.

"Happiness," said Jud Tunkins, "has to be cranked up, but trouble always has a self-starter."—Washington Star.

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APPENDICITIS COMPLICATING PREGNANCY.

M. C. Sexton, B. S., M. D., Rushville, Ind.

Any physician who exercises care in his observations of obstetrical cases during the pregnant period will be impressed by the frequency of complaints more or less referable to the appendix. These vary in degree all the way from sensations of slight discomfort in the right iliac region to appendicitis of the most malignant variety.

The incidence of appendiceal symptoms in pregnancy are readily explained, according to De Lee, by the fact that the uterus exerts pressure and traction upon the appendix and its mesentery, even to the extent of producing kinks which make for stasis. To this another factor must be added which has, I believe more direct bearing upon the etiology, namely, that the constipation almost constantly present in pregnancy leaves the appendix in a static condition which favors putrefaction of the contents of its lumen and increases the liability to infection of this already poorly-nourished and lowly-vitalized organ. Still another factor which may enter into the cause is the claim of the pregnant woman's relatively low resistance to any infectious process. That the appendix may be directly affected by the pregnancy is possible, since Pels Leusden has found appendiceal tissue during pregnancy to give decidual reaction.

The vast majority of these appendicitis cases complicating pregnancy are so slight, fortunately, as to be overlooked or to be given only passive consideration. Recurrent attacks during pregnancy, however, are almost always more severe than those of the non-pregnant periods. Indeed, recurrent cases may fulminate at this time and an operation become imperative for the very life of the mother.

The diagnosis of appendicitis cases complicating pregnancy is usually easy in the well-defined or in the chronic, recurrent types. One point is necessary to remember; that in the latter half of pregnancy the appendix may be pushed higher in the abdomen than normally and the tenderness of the localized peritonitis may be found much higher than the region about McBurney's point. In all other respects the symptoms admit of the same variations as in cases at any other time. This point, it must be remembered, may complicate the diagnosis with that of gall-bladder or gastric disease. In the diagnosis, too, it is well to bear in mind the increased incidence of appendicitis in the newly-married, due, perhaps, as Hess remarks, to gonococcus pus found in the appendix.

A very violent appendicitis occurring early in pregnancy must be differentiated from a ruptured ectopic pregnancy on the right side. In the latter a tumor mass felt per vaginam on this side is the most distinctive sign. In the former the leucocytosis is always more marked, with a greater temperature reaction.

Let us consider now some of the special effects of this complication. A woman entering the pregnant period who has had recurrent attacks of appendicitis is under a decided cloud of danger, for in case of perforation or suppuration the chances for the preservation of her life and the life of her infant are greatly minimized. The reasons for this added risk are summed up by De Lee as follows: (1) Protective adhesions are less likely to be formed, the omentum and gut being pushed away by the enlarging uterus; (2) Inflammation is more stormy, owing to the intense vascularity of the parts; (3) Thrombosis and phlebitis are commoner; (4) Suppuration takes place higher in the abdomen, which portion is recognized to be less resistant; (5) Drainage is less free, owing to the large uterus nearby; (6) Tympany compromises the respiration sooner, also pneumonia and pleurisy; (7) Obstructive symptoms arise earlier, and (8) the bacteria floating in the blood

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may accumulate in the placenta or fetus, causing abortion and sepsis.

As to the prognosis—in cases of simple, primary appendicitis or of simple, recurrent appendicitis, operated upon in the first half of pregnancy, the mortality and morbidity resulting should be but little more than in the non-pregnant state. To be sure, the removal of the offending organ should not be postponed until the patient is pregnant, but we can not hope to have all our wishes gratified. Far better, however, to operate early in pregnancy than to carry the case through to term with the dark cloud of an imminent attack of violent, acute appendicitis threatening.

The mortality in attacks of acute gangrenous or perforative appendicitis in gravidae is appalling. According to Schmid, who collected 486 cases, it ranges from 30 to 50 per cent. Murphy has stated that if abortion is produced by one of these attacks the patient always dies; in other words, an infection so severe as to cause the uterus to empty itself is inevitably fatal.

The following concerns the treatment, and consists of little more than a generalized reiteration of what has already been suggested.

1. The time to operate a chronic appendicitis is before pregnancy occurs.

2. Very mild primary appendicitis, or such cases as those in which the diagnosis is a matter of uncertainty, may be taken through the pregnant period with comparative safety.

3. Cases of recurrent appendicitis which constantly threaten the pregnancy with danger should be operated upon as early in the period as possible. This also applies to severe primary attacks.

4. Perforative or gangrenous cases must be operated at once, no matter at what period.

In a series of nine cases coming under the writer's observation the above statements and conclusions have all been borne out. Five were chronic, recurrent cases, operated upon in the first half of pregnancy. All were cured and all had spontaneous deliveries at term without complications of any kind. Two of the others were acute, primary attacks, one operated in the fifth, the other in the sixth month. Both cases were delivered normally at term. Of the two remaining, one was an acute gangrene of the appendix in a para-iii. The patient miscarried 48 hours after operation, and died 12 hours later. The other patient was a para-ii, who had a rapidly developed case of acute perforative type at the seventh month. She survived the operation and drainage with a stormy convalescence and was delivered at term without mishap.

These few cases have shown me that appendicitis in pregnancy will bear more watching and care than is ordinarily given to it. Above all things, they have emphasized that which we now almost universally have accepted in appendicitis of the non-pregnant,—early operation in all cases. In my opinion this dictum applies with even more importance to the appendicitis of pregnancy.

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LOOKING FORWARD.

They had just become engaged.

"I shall love," she cooed, "to share all your griefs and troubles."

"But, darling," he purred, "I have none."

"No," she agreed; "but I mean when we are married."—Dallas News.

CHEERING HIM ON HIS WAY.

Racing Magnate—"Sam, I've been told I'm about to die, so I've sent for you to give you a present for being a straight lad, and, of course, to say good-bye! You'll not see me again—I'm going on the long, long journey."

Sam (desperately anxious to say something consoling)—"Never mind, sir! Buck up; it's orl down 'ill."—The Sydney Bulletin.

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CONCERNING ELASTIC SPLINTS, AS ADVOCATED BY DR. DOUGLAS H. STEWART.

By Horace F. Allen, M. D., Indianapolis

In the Medical Record of October 29, 1921, Dr. Douglas H. Stewart of New York, advocates the use of elastic splints.

Let us now examine the elastic devices and see just what properties they contain. He uses ordinary wooden tongue depressors to create his three types of elastic devices. First, a tongue depressor rests with its middle on a roller bandage like a "teeter-totter." When its two ends are bent down at the same time it acts like a spring and affords elastic energy upon the bandage and at each depressed end.

Second, he puts a tongue depressor on two roller bandages like a springing board. Its projecting ends and its middle become the spring elements when held down upon its two roller bandage supports.

Third, he fastens two tongue depressors together at one end with adhesive plaster and then puts a block between them, thus forcing the free ends apart. When the open ends are compressed toward each other they offer elastic resistance just as an old-fashioned wooden clothes pin would do if its round side were whittled flat and thin. These three elastic devices are used singly and in combination.

The use of elastic or continuous energy to force bone fragments into alignment might be excusable if fixation energy was instantly substituted for continuous energy the moment the bones were lined up. In other words, the elastic or continuous energy that pushes or pulls bones into line will certainly push them past alignment unless this same active energy is stopped. It seems most difficult for doctors to see the differences in simple physical problems and yet no doctor would try to stop continuous movement of the bowels by continuous doses of epsom salts. He will discriminate on drugs but he won't discriminate among the appropriate and inappropriate selections of mechanical energy. All broken bones that have grown together always have and always will unite in the position in which they are held. It is then clearly up to the fracture specialist to select appropriate mechanical principles and devices. Unfortunately appropriate and inappropriate selections are all jumbled up in our text-books indiscriminately. To say that the elastic pull or push is slight or variable does not excuse its selection. A child that just tells small lies is not really a truthful child. A doctor who selects and uses wrong mechanical principles just slightly instead of appropriate principles is not exactly scientific. When the rough ends of broken bones are properly aligned by whatever kind of energy that was essential it then becomes our duty to employ fixation energy for the one fixation purpose of holding these bones in proper alignment during that long period of bone union. So when you are trying to keep two broken ends of bone in a quiet fixed position you would really not select energy that would constantly or continuously pull or push upon them. On the other hand, you would devise some nonconstricting resistance posts or bearings that would merely prevent redisplacement, static energy, or energy of position. If a patient had had sufficient, continuous bowel movement you certainly would stop it. Then why not use some real mechanical reason in dealing with real mechanical affairs. When the elastic devices "applied successfully five hundred times" were in use, what stopped the elastic pressure when the bones reached their proper place? We are not told that any one of these cases had a perfect ultimate result and we can not infer that "applied successfully has any reference to results. It refers merely to applications. It makes us question our own logical reason pertaining to

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mankind and to mechanics. We all know that when the roller bandage passes around over these spring devices placed upon the arm that the tension on the bandage creates and actuates the amount of continuous elastic pressure exerted by the elastic devices. So when and where the bandage touches the arm between these elastic devices the bandage itself is exerting elastic pressure upon the arm. It can not be otherwise. Furthermore this constricting, continuous, elastic compression may be greatly increased if there is a severe hemorrhage or swelling inside of the arm.

Why should doctors contend against able mechanical engineers? The engineers really know what they are doing in their exact science and they know how to select appropriate mechanical principles for us. Some day the entire subjects of splints will be re-written and from that time on, standardized results will follow standardized methods, and false mechanics will appear less in print.

THE RE-EDUCATION OF THE INCAPACITATED SOLDIER.

By G. C. Graves, M. D., Franklin, Ind.

(Continued from November Issue, page 275)

I. Out of twenty-six Hebephrenic Praecox cases three were found who were frequently disturbed and hallucinated most of the time, but not violent. The memory in one of them was greatly impaired, while the other two cases showed marked disturbance in the volitional field. The first case was placed at turning a wheel while huge balls of warp were wound. The two latter cases were forced to guide the thread as it was wound. All three cases show improvement in the field of memory, and have gained in weight. The facial expression does not seem so anxious and apathetic. The time limit is left with the Occupational Therapist for change of work. The grade of work done was of "C" class.

In this group of Hebephrenic there were eight who were disturbed only at intervals and violent only when forced out of their accustomed plane, but the deterioration was more marked in all fields. This little group did very little work and then only when constantly urged. They were given parts of newly made chairs to sandpaper and the class received a "C" rating. Among these cases there were ten who seldom if ever were disturbed, never violent and the defects in intelligence and anomalies of emotions were slight. These cases were given ground parole. They were given more important duties; one was an assistant book-arranger in the library, one was allowed to check bills of goods received in the store room, one a stocking weaver, three threaded looms, four sorted cloths and cut same into rags for carpet weaving. These cases did "C" grade work for the first few days and afterward advanced to "B" grade.

There were five of this same class who were border-line cases between the Simple and the Hebephrenic type, who were allowed the same liberties during recreation. Their work consisted in weaving bottoms in chairs and repairing backs and chair bottoms. The class of work was almost of an "A" grade. The main feature of this class of cases is to be careful and not tire out the physical body to any great extent and shift the kind of work, when the conditions are favorable, otherwise, there will be damage done to mind and work.

In all these boys whose ages run for 18 to 25, a marked improvement can be readily seen from facial expressions to quality of the work done and time required to accomplish same.

A list of occupations at present in

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use in the department for men in the three hospitals from which the above data were taken:

1. Carpet Weaving—Door Mat Weaving.
2. Weaving of Bed Mattress Material
3. Weaving of Muslin and Sheeting and Apron Material.
4. Mattress making and repairing.
5. Broom making of all kinds.
6. Scrubbing brush making.
7. Basket weaving of all kinds.
8. Toys of wood carved and joined.
9. Rug making.
10. Pottery making and baking.
11. Cement block making.
12. Fancy lawn benchs of cement made.
13. Sculpturing in stone.
14. Sculpturing in plaster.
15. Carpentering, every grade.
16. Saw mill work.
17. Horticulturing, every type.
18. Scientific farming.
19. Dairying.
20. Blacksmithing.
21. Tinning and coppersmithing.
22. Electric work.
23. House furniture made and repaired, chairs, beds, dressers, couches and tables.
24. Lawn furniture made.
25. Bed springs woven and repaired.
26. Shoe repairing.
27. Laundry work.
28. Engineering.
29. Stone cutting.
30. Stone blasting.
31. Road building.
32. Pipe fitting and general plumbing.
33. Tailoring and general repairing.
34. Bread baking.
35. Kitchen work.
36. Butchering.

The second group of cases which I wish to introduce is that of the Catatonic Praecox. Among this number of ten exservice men, I have great hopes of a fair recovery. From statistics we learn that about 4 per cent. will recover nolene vollens, but with earnest effort I believe that a higher per cent. may be realized and the time shortened, also a more permanent recovery established. The most prominent difficulties met with are, the stupor and confused conditions. Three of these cases evidenced catatonic excitement and motor symptoms to a greater extent than the others. From observations I have found that such cases, where the paroxysms are characterized by greater impulsiveness and the more explosive, the emotional outbreaks, clear up in a very remarkable manner.

At first these three cases were given a thorough course of hydrotherapeutic treatment, especially those treatments which have a bearing upon the spinal cord, such as extreme hot and cold applications to the spine, likewise free elimination encouraged, and the whole body cleaned inside and out. All three cases were taken by other patients, who were able to carry on their work without being constantly watched. At first they were given buckets of water to carry to the rock crusher, and as the case gradually awakened from his mutism, he was shown how to fill buckets with rocks of any size and these taken to the machine. At first the patients did not fill the buckets or lift a stone, unless the rocks were placed in their hand. Finally they began to put two or three stones in the bucket. Then the greater difficulty was accomplished. As soon as co-operation was manifest, the patients were taught to select the size desired. From this the work was changed to pushing a lawn mower, and then to raking the lawn.

At this point you could see the flabby condition of skin disappear and a desire for food manifested. They would not speak, but when the meal was left and the patient was alone, he devoured it with an appetite.

These cases progressed from C grade to a B grade of work in a much shorter time than if neglected or allowed to be idle and work out their own salvation as is often the case.

In this same group of Catatonic cases there were four patients, who to all outward appearances led a mere vegetative existence for almost three months. The face was apathetic, expressionless, and

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all external stimuli, even to the point of pain, failed to cause the slightest reaction. They remained in bed and two cases were tubed three times a day; one for a period of six weeks and the other for nineteen days, receiving two eggs, one bouillon cube, and one pint of milk to the feeding. With this they became very emaciated. Finally they were given cold sprays each morning for five minutes. In six or seven days the attendant was able to keep them up during the day, but they would not leave their clothes on or stop soiling themselves. Both were given spray baths at 60 degrees F, and only after showing them preparations were being made to repeat they spray bath, did they exert any effort to keep themselves clean. At the end of the second month they were given cards to the occupational class. At first they were allowed to come and watch others work. No work was expected. The third day one of these two cases was put to matching rags which had previously been cut into strips, the other patient to sorting the long and short strips. For two days very little was accomplished and most of their time was spent gazing into space. They would only be aroused when the O. T. would call "Stand to attention." This they obeyed and did well. In a week these cases were noted to gradually awaken and managed to show evidences of work and although they would not speak, they put in the time and did "A" grade work. To everyone who had observed the complex it was surprising how quickly they gained in weight. The bodily tone seemed to return as soon as they began to use their faculties. Three months after this they were sent home to work and earn a living and be useful units in their community.

The two other cases were seamen. One of these boys was only eighteen when he entered sea service and the service case history pointed to hysteroid convulsions soon after enlistment. He was sent home after three months. This boy came from a collateral branch of a fine New England family and the son of a minister. The history shows marked Praecox tendencies from early childhood, but these were passed over in silence. He was the only child and had been petted as well as spoiled. After the family had placed him in several private institutions without improvement he was sent to an eastern state hospital for examination under orders, and was received. The first two or three days he was left on the ward under observation. After a thorough cleansing and the avenues of elimination opened up, he became very untidy and spent most of the day lying under benches sleeping. He became so resistive and his depression deepened so that the catatonic condition justified his being allowed to remain in bed. He refused food and only after showing him the tube and milk did he consent to drink the milk. Several times the attendant had to worry with him in order to make him consume enough to sustain life. This mutism lasted several weeks with but one remission and that only long enough for the examiner to take a very scant history. When he came to himself one morning, he asked for his clothes. He was disoriented as to time and place. He was allowed to go to the dining hall and in two days taken to the Occupational Class and became interested in wood working. He was placed on a lathe and from the very first he turned out "A" grade work which was in the form of candlesticks and ornaments of like nature. With physical improvement the mind showed some signs of clearing up partially. However, the delusions were remaining, also auditory hallucinations in the form of his mother's voice. About a month from this time he eloped and was located in a large New Jersey town, working for an electric company, doing outside house wiring. The case was turned over to the Mental Hygiene Society and the family asked for a furlough in order to see how long he would hold up. The last report two months later shows him improving both mentally and physically.

The other seaman, a young man of twenty-one years, was able to leave the hospital seemingly well, had turned out

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good work in the "B" grade and had excellent prospects of making a fairly permanent cure. He remained out only one month, when the overzealous family and friends showed undue sympathy at the wrong time. His weakened body, a melancholic disposition, plus his former catatonic condition soon caused his return. All efforts seemed productive of little good. As the depression increased, the stupor became more profound. He could not remain awake long enough to take food. Before the spoon reached his mouth he was asleep. Finally the vascular system lost its tone and extremities began to swell. He became totally unconscious and slept his life away without the slightest realization, six months after his readmission.

(To be continued.)

NEXT!

"Yes, sir," said the big Irishman, reminiscently, "I should say I was personally acquainted with General Pershing. I was lyin' back of the breastworks pumpin' lead into the Jerries one day when I heard the chuggin' of a big car. Then came a voice sayin', 'Hi, you there, with the deadly aim, what's your name?'

"'Hogan, sir,' says I, recognizing Pershing.

"'What's your first name?'

"'Pat, sir.'

"'Well, Pat, you better go home; you're killin' too many men. It's slaughter.'

"'Very good, General,' says I.

"'And, by the way, Pat, don't call me General; call me John.'"—The American Legion Weekly.

CASH AFTER DEATH.

A lawyer and a minister were having a heated argument about the hereafter. With eloquence the preacher expanded the theory of a life after death. The lawyer listened, bored and plainly unconvicted. The parson finished. The lawyer was unmoved.

"Say what you will, I believe death ends all," he insisted.

The minister's sense of humor came to his rescue. "If death ended all," he observed, "most of you lawyers would be starving to death."—New York Evening Post.

Dr. Douglas H. Stewart contributed an article to the Medical Record for Oct. 29, 1921, with the title Employing Elasticity, which is a contribution to the dynamics of the splint. Disadvantages of the old method are pointed out. A rolled bandage is used, fastened in place by adhesive strips. When the elastic splint upon a broken metacarpal bone, or the results of an osteotomy that has been performed for a genu valgum, or even upon the non-traumatic spontaneous fractures of tabes, success will depend upon ordinary care in the selection of the right sort and size of material and upon the proper application of the material. The method described in detail and made plain by illustrations has been used by him successfully 500 times.

MORPHIA CONTRA-INDICATED IN RENAL COLIC.

We believe it is very common to give morphia in a case of renal colic and an abstract by the J. A. M. A. Oct. 29, 1921, from Semana Medica, Buenos Aires, is of great importance. Nin Posadas warns that morphin arrests the peristalsis of the ureter, and hence it checks the downward passage of the calculus causing the colic, and perpetuates the pain. Morphin should not be given but some other sedative such as papaverin or pure opium, which does not have this action on smooth muscle fibers.

DANGEROUS FISH.

Jones was talking to some friend of a fishing-trip he was contemplating on his holiday.

"Are there any trout up there?" questioned one of the friends.

"Trout? Thousands of 'em," replied the other enthusiastically.

"Will they bite easily?"

"Will they?" reiterated Jones. "Why they're absolutely vicious! A man has to hide behind a tree to bait his hook."—Los Angeles Times.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., Associate Editor.

A monthly journal owned, controlled and published wholly by physicians, devoted to advancing the best interests of the profession.

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THE VALUE OF DRUGS.

Has the value of drugs depreciated in the minds of the members of the medical profession? For some considerable time there have been those who have denied to all but a very few drugs have any real therapeutic virtues, while there are cynics as to the merits of drugs, and there are even yet drug nihilists. Moreover, there have sprung up within recent years various other methods of treating disease and conditions of ill health, such as vaccine therapy, radiotherapy, and lastly those much overrated methods of diagnosing and treating certain affections, psychoanalysis and psychotherapy. All this at a first glance would seem to imply that belief in the efficacy of drugs in the treatment of disease has diminished. Perhaps, however, when the matter is looked into more closely it will be realized that it is not the use but the abuse of drugs that is on the wane. As is pointed out in a recent number of the Prescriber, it is drug superstition, a belief in the magic power of "something in a bottle," that is dying out and is being replaced by other superstitions, such as psychoanalysis. There are, indeed, a few drugs which are really specifics, or as nearly specifics as may be, such as mercury, arsphenamine, and quinine, not to mention certain sera and antitoxins, while there are not many who will deny the value of morphine in acute pain. Also when may a substance be differentiated as a drug? For example, sodium chloride is an article of diet in the first place, and is also used with good effect as an intravenous injection and in other therapeutic ways. In both cases its action is, to all intents and purposes, identical. Again, certain mineral salts and organic acids are contained in fruits. When fruits are not available these salts and acids are employed as drugs, so that in many instances the line of demarcation between drugs and foods is difficult, almost impossible to draw. Drugs are not out of date, but, on the whole, are more efficient than ever. What is required to place drug therapy on a sound basis is to reorganize the entire system, to weed out those that are useless and sometimes even dangerous, to improve and perfect those which have proved themselves of true value. Drugs also to exert their best effects must be prescribed with more or less exact knowledge of their action and especially must be furnished with discretion. It is sometimes the fault of the physician that drug therapy fails.

The above editorial from the Medical Record of Nov. 12, 1921, is apropos, but it does not emphasize the cause of distrust in drugs. It is simply ignorance on the part of physicians and this is

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often due to neglect. When a new method of treatment is suggested, we are prone to depend upon it entirely to the exclusion of many necessary adjuncts. Recall our error in the use of a most potent method—the use of salvarsan. We soon found the positive need of hydrargyum and iodide of potassium in connection with it, and now we know that it is pure neglect and folly to use arsphenamine independently. Ill results followed in some cases of diphtheria when antitoxin only was used. We know additional treatment is needed and hence we have better results. Furthermore a drug in a minimum and maximum dose gives different results and that we have learned by laboratory help given to our clinical experience.

Again, it is very easy to use a combination whose virtue is exploited rather than make our own combination from a knowledge derived from the study of each drug

Quite a few denounced the use of cod liver oil, but those who read the last issue of this Journal and a resume of the work done in the pathalogical laboratory at Johns Hopkins, as published in The Bulletin and this Journal, will be convinced that cod liver oil gives positive results in the cure of certain processes.

There is no objection to the use of any method that will help or cure, but we should keep in view all methods and drugs have proven true. We might just as well separate the laboratory aid and clinical evidence in diagnosis, but it cannot successfully be done. We need both and so in the cure of disease we should be conversant with all methods that have proven successful.

S. E. E.

THE SLANDERER.

The very name invokes loathing. Though more or less in human form, this degenerate remnant of the silurian age is the most contemptible of creatures. The scandalmonger is disliked, the liar is despised, but the slanderer is loathed. Using falsehoods or facts that are distorted as some would juggle statistics, the slanderer spreads a most subtle poison, that blasts lives and reputations. Slander can not be controlled any more than you can stop a lie, once it has gained credence. Compared with the social disease, it is the greatest evil of our age. The slanderer is more dangerous and despicable than those misguided enemies of society who use bombs and poison secretly.

Whenever you discover a slanderer posing as an honorable member of our profession, let your conscience be your guide but be sure you do your full duty. —Malsbary, Editorial in the Southern California Practitioner.

All of which is very true. Can it be that the beautiful country of California has such a hybrid running wild? If true, it is a very unfortunate condition of affairs, and the editorial of Dr. Malsbary is apropos. We hope that "this remnant of the Silurian age" does not abide in Indiana and that anywhere such is a rara avis. Perhaps in some localities premonitory symptoms have developed, but if the disease has appeared it has never been epidemic. It surely is very rare in this state. Indiana physicians have the fraternal spirit.

I fear that there is a certain relationship which should be stamped out of existence. If not a sin of commission, it is one of omission, and has the same effect. John Clark Ridpath heard a man use a profane adjective to make an expression more emphatic, and replied, "That is so." Did he swear, or did he unconsciously imply it?

Now another avenue we see persons enter. Someone scandalizes a friend or denounces the work of a hospital. Surely "silence gives consent." Unless tinged with cowardice, we should not keep silent when a friend is unjustly denounced but rather take a position of defense. To live in harmony is much better. Very often it is justice that a kind word be spoken. We know we have done right and feel better inside. We stay in this world but a short time and it is no place for the trouble-maker. Such a person is generally ostracised and might well

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be isolated in a colony like the leper, though often incurable. It is better for each one of us to practice and teach brotherly kindness.

S. E. E.

DR. W. L. BRYAN WAS 61 ON ARMISTICE DAY.

Dr. William Lowe Bryan, President of Indiana University, was a potent factor in the amalgamation of Indiana medical colleges. He was always hopeful that it could be accomplished when to many others hope was very dim. He met the physicians of Indianapolis several times a week and always inspired those present with courage. Dr. B. D. Myers was an important adjuvant. The State College of Physicians and Surgeons was simply an associated department of Indiana University for the law would not permit otherwise. The 70-year-old charter said that the medical department must be located in Monroe County, and hence the stumbling block. The first teaching hospital was on Senate Avenue, now the Deaconess Home for Nurses. But later all colleges came into the union and became the Indiana University School of Medicine, the medical department of Indiana University. The Robert W. Long is the second teaching hospital that was owned by the trustees of Indiana University, and located in Indianapolis. So important was the general amalgamation that Dr. Bryan made it the subject of the graduation address at that period. Now the profession is a unit in support of the present Class A school. With the success achieved by the medical school we must not forget nor let a shadow dim the great work of President Bryan.

On Armistice Day Dr. Bryan reached the age of 61 and the Indiana Alumnus said:

The following article was published in the Indiana Student on Armistice Day. It was written by Dean C. M. Hepburn, of the Law School.

Although the anniversary of the Armistice, this the eleventh day of November, is shared by us with all the world, for us on the campus of Indiana University it has an even further and special interest. It is the sixty-first birthday of President William Lowe Bryan.

Almost 20 years have passed since William Lowe Bryan was inaugurated President of Indiana University. As one looks back over these five college generations it is hard to resist a temptation to dwell on the great material growth of the University since Doctor Bryan became its president—its growth in the number of its students and its faculty, its growth in alumni membership, its growth in buildings and grounds and equipment, its development from a college into a great university.

But there is a greater thing than this which we owe to President Bryan. The influence of the true teacher is a silent but uplifting force working as the sunlight works. Doctor Bryan has merged the teacher into the president. During his whole career as its chief executive he has brought Indiana University, in all its varied forms of thought and action, the uplifting influence of unselfish devotion and high ideals.

S. E. E.

THE METHODIST HOSPITAL.

With the dedication of the Annex of the Methodist Hospital, Indianapolis now has the largest hospital in the world, under the control of that denomination, with a property value of more than $1,000,000. It has grown from an institution of 65 beds, its capacity when its doors were opened in 1908, to one of 375 beds, its capacity today. Authorities say it is the best equipped of its kind in the United tSates. Most of the patients come from outside Indianapolis.

The work of the institution is nonsectarian. The cost of ministering to the charity patients each year is approximately $75,000. Last year the hospital received 7,500 patients. With the addition of the new annex it is expected that 10,000 persons will receive medical attention in 1922.

The hospital is a community within itself. It has its chapel services twice a day and maintains a training school for nurses. It has its own ice cream

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plant, its laundry, through which 3,000 pieces of linen pass each day and its own pens where guinea pigs are bred for use in scientific tests. In the grocery department the shelves filled with fruits, preserves and jellies are enough to excite the envy of any housewife. Members of the Epworth Leagues, who hold booth festivals each fall, provide the delicacies that find their way to the sick. Dr. C. S. Woods is the superintendent.

The hospital conducts a medical society for the reading of papers and the discussion of cases. It meets once each month. Dr. M. N. Hadley is president and Dr. Homer Hamer is the secretary.

MERRY CHRISTMAS.

Notwithstanding the untoward financial conditions in various sections of the country, we have been able to keep up the standard of this publication and at no time has its contents been stinted. This was made possible by our splendid contributions, our subscribers, our advertisers and other friends. A greater number of original articles and editorials have been reproduced or abstracted by some of the best medical journals. From every source a loyalty has been shown us. We possess a feeling of pride and thankfulness and very heartily wish everyone a Merry Christmas.

THE MANAGEMENT.

DOCTOR GETS $65,000 DAMAGES.

The largest verdict of its kind ever returned in the counties near Indianapolis was awarded to Dr. Geo. F. Smith, of Bicknell, Ind., at Bloomfield, Ind., Nov. 10, when he received damages of $65,000 against Dr. Thomas Staley, Dr. Harry Dees, Dr. Guy H. Wilson and Dr. W. E. Kessinger, all of Bicknell. The plaintiff asked for $100,000, charging conspiracy by the four doctors to deprive him of his license, drive him from the town and destroy his practice. Evidence was introduced to show that threats had been made against him. Black hand letters had been sent to him, it was shown, saying that he would be whipped at a post unless he left the city of Bicknell. The case created a sensation a few years ago when the tSate Board revoked Dr. Smith's license at the instigation of the four defendants. The Knox Circuit Court reversed the State Board's decision and restored his license. The Indiana Appellate Court affirmed the Knox County Court's action.

DR. McKINSTRAY SUES FOR $10,000.

In our September issue mention was made of a dog story in which Dr. Virgil Moon called the attention of Dr. H. W. McKinstray to a stray Pekingese dog on the Millersville road. McKinstray cared for the dog but found it to have some incurable nervous disease, and it was killed at the city pound. Now comes the echo in the following item:

Dr. Homer W. McKinstray filed suit in Superior Court, Room 3, Nov. 17th, against Skiles E. Test and Josephine D. Test, asking $10,000 damages for alleged malicious prosecution and resulting injuries suffered because of charges of petit larceny and malicious trespass which he says the defendants made against him and of which he was acquitted in City Court.

The plaintiff asserts that these "false accusations so maliciously made" have caused him "to suffer great mental anguish" and they have "irreparably injured him in the practice of his profession." The Tests accused the plaintiff of taking a valuable Pekingese dog from in front of their home on the Millersville road and causing it to be killed at the city dog pound. Recently the Tests filed a suit against Dr. McKinstray for $10,000.

CHANGING TYPE.

"I heard Mabel said when she married that she has selected the very flower of her admirers. To what particular bloom did she liken him?"

"At first she thought he was the pink of perfection, but when the baby came to claim her attention, he was just a mere poppy."—Baltimore American.

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MEDICAL MISCELLANY.

ADDRESS OF DR. C. F. NEU AT LONDON, ONTARIO.

The Morning Advertiser, London, Ontario, of Oct. 8, 1921, gives an account of the address of Dr. C. F. Neu, of Indianapolis, before the Western Ontario Medical Academy. It states that Dr. Neu is a graduate of the Western University Medical School and that the subject of his address was Encephalitis Lethargica, known to the laity as sleeping sickness. It further says:

Dr. Neu reviewed the general characteristics of this disease, of which a few residents of this district have fallen victims, and also outlined post mortem findings on patients who have succumbed to it, in the state of Indiana.

A significant feature of his address was the fact that he indicated a relation between sleeping sickness and influenza, the former disease having a tendency to follow the latter. While he declined to commit himself, Dr. Neu mentioned the fact that several leading medical authorities declare that these two diseases are linked together.

Dr. Neu declared sleeping sickness to be contagious and important in the field of general hygiene and sanitation. It has been designated by many names and there is no part of the nervous system immune to its attacks. He cited the general symptoms and brought out the fact that contrary to common belief it is often characterized by sleeplessness on the part of the patient. January, February and March are the favorite months in which this disease manifests itself, by sudden attacks.

He emphasized the fact that some victims are observed to sleep continually, with the attacks similar to ordinary sleep, except that the patient is drowsy all day, trying in vain to keep awake. Those periods continue until the victim proceeds from stupor to coma. Dr. Neu declared that in cases where stupor is observed early in the disease, recovery is more certain than when it manifests itself later.

Recovery is very slow, with no definite promises for attending physician or patient to become encouraged. Electricity and massage are two methods of treatment.

Dr. Neu stated that the organism causing sleeping sickness has not yet been isolated, but is believed to be a filterable virus. He stated further that in France, following the influenza epidemic of 1890, sleeping sickness was observed. Similarly it appeared after the last influenza epidemic in Canada and the United States. Authorities disagree on the relationship of these two diseases.

DOCTORS APPOINTED BY MAYOR-ELECT SHANK.

The new members of the Health Board announced by Mayor-elect Shank are: Drs. E. E. Hogin, Goethe Link, K. R. Ruddell and A. E. Guedel; Police Surgeon, Dr. W. E. Mendenhall; Assistant, Dr. F. P. Reid; Member of the Park Board, Dr. J. M. Berauer; Member of the Board of Public Works, Dr. M. V. Spencer; Superintendent of the City Dispensary, R. R. Coble; Superintendent of the City Hospital, Dr. R. A. Poole; Assistant, C. A. Nafe. Dr. Elizabeth Conger will be pound-keeper. Some of these persons have held a city position heretofore. Some members of the boards were appointed to fill their respective positions beyond the time of the inauguration of the new mayor and in case such appointees resign all the new appointments will go into effect Jan. 2, 1921. It has been suggested that some other appointments will be made.

SOCIAL SERVICE ADVISORY COMMITTEE.

The second meeting of the Advisory Committee to the Social Service Department of the Indianapolis City Hospital was held at the Hospital, Nov. 11th.

On this Committee are Dr. George S. Bond, Dr. Edward Clark, Mrs. Grace Julian Clark, Miss Annette B. Cowles, Miss Dorothy Cunningham, Dr. Samuel E.

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Earp, Dr. Harry L. Foreman, Mr. Eugene Foster, Dr. W. D. Gatch, Father Gavisk, Miss Helen Hare, Mrs. Henry B. Heywood, Mr. Howard E. Jensen, Mrs. Joseph B. Kealing, Dr. Edgar F. Kiser, Miss Mary A. Myers, Dr. John H. Oliver, Mr. George W. Rabinoff, Mr. Robert E. Tracy, Mrs. Don T. Tullis, Dr. Frank S. C. Wicks.

This Committee has been organized in response to the recommendations of the American Hospital Association, which in 1920, through the Rockefeller Foundation, made a survey of hospital social service departments. Representation for the following was advised for such a committee; the governing body of the hospital, the medical staff, professional social workers of standing in the community, non-professional laymen or women with experience or connection with social work or community problems, the superintendent of the institution and the superintendent of the training school.

The Advisory Committee hears reports of the work of the Department monthly. It assists the Director in the stimulation of community resources and in the determination of both internal and external policies.

The Social Service Department was organized September 1, 1918, to meet a need felt by the physicians for the completion of the medical care of their patients. It now has three case workers, Gertrude Smith, children's worker; Margaret Paddock, general adult worker, and Grace Davis, maternity worker. Alida Winkelmann is the Director of the Department.

JUST CALL IN THE DOCTOR.

By Constance Inman Schleppey, Indianapolis.

When you're feelin' kinda sickly, and your head just sort of hurts,
And the world's gone wrong in general, and your pep just comes in spurts,
And there isn't a single reason to give you cause to smile,
Just call in the doctor and talk to him awhile.

He'll listen right patiently, while you recount your woes,
Of how you ache all over, from your head down to your toes;
And then he'll nod right wisely, and say, 'H'm, I see,"
And tell you all the latest jokes, until you laugh with glee.

And then he'll take his little bag and drive his car away,
And leave you feelin' happy and glad that it is May;
And then you'll sit and think what became of all your ills,
And why on earth is a doctor, if he doesn't give you pills?

CHRISTMAS TOKENS.

Bells peal forth Christmas gladness,
Hearts are full of joy and mirth,
There's no room for grief or sadness
As we recall the holy birth.

We give tokens without number,
Grown-ups share in all these features,
Santa comes while children slumber
With the blessing to God's creatures.

All our acts are those of kindness,
Seeking something good to do,
What we do is not with blindness
But the deeds are good and true.

Very often kind words spoken
Brings solace to a weary heart,
And without price this kind of token
Shows we want to do our part.

On Christmas, we to others do
The things not learned at school,
Selfish thoughts are banished, too,
By the beauties of the Golden Rule.

THE PLACE FOR HIM.

"Young Smiers told me he was wedded to his art and asked me whether he had better go to Paris or Rome."

"What did you say?"

"Advised him to go to Reno."—Boston Transcript.

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SUB-NURSES? WHY NOT SUB-DOCTORS?

(Contributed by June Gray, Indianapolis)

The readers of the Indianapolis Medical Journal will call to mind the Mayo interview which was abstracted from the Pictorial Review and appeared in a previous number of this Journal. In the same publication Miss Clara D. Noyes, President of the American Nursing Association, has an article with the above title which is an echo of the one published:

Many things have been said about the nurse—that she is selfish, exorbitant, arrogant. And now when she has dared to seek and insist upon a modicum of justice she is called autocratic because she has organized.

First let us take up this matter of organization—a process considered natural enough to all other professions, but termed autocratic when the nurse attempts it. Why have the nurses organized? What has led up to the formation of the American Nursing Association and other national nursing organizations? The same reasons practically that would drive any professional group to organize. The nurses' intention was not to create a union or form a trust, but to raise the standards of their profession, to improve the nursing care of the sick, and, quite incidentally, for self-protection.

And it could not be otherwise. Overwork, undertraining, doubtful social standing, and poor pay, which have been our lot in the past, are not conducive to contentment in any vocation. It has been said that nurses are born, not made; that nursing is a special talent in the mere exercise of which the fortunate possessor takes pride. Such subtle flattery is a sop to our outraged sensibilities. But it is only empty praise. Nurses are not born. The special gift may be there, but it cannot be exercised unless the proper technique has been acquired, a technique which is developed by arduous experience, peculiar training and sturdy character. And, unless young women of the right type see in it something besides drudgery, they will apply their talents to something more promising. And that is the crux of everything that is said to be wrong with the nursing situation. Small hospitals, privately owned often by doctors and conceived with the idea of profit-making, have worked their student nurses until their course of training has been little more than servitude. Large general hospitals, in an economical effort, have resorted to the same methods. Even the graduate nurse was not offered anything much better. Therefore more and more of our better educated girls took up other work. Consequently the standards of the profession took a drop. This exploitation of the student nurse took her away from her class work to perform tasks which should have been done by technicians, graduate nurses, or an office force. Little or no opportunity was given her to make up this loss. Often, therefore, nurses graduating from such training-schools were compelled to take up post-graduate work in other hospitals.

The foregoing facts, I think, explain why the American Nursing Association, the National League for Nursing Education, and the National Association of Public Health Nurses were founded. The first of these began years ago. After many years of struggle and determined effort it is justifying itself in the higher standards of the nursing of today. It seems, however, as if its work were just begun, for again the leaders in nursing are fretted by a new menace—the sub-nurse. After years of experience in all types of nursing and nursing direction, it is a shock to me to hear any doctor suggest the substitution of a sub-nurse with limited training for the well prepared graduate nurse. The A. N. A. has long put itself on record as advocating attendants—young women instructed in the simpler nursing procedure—in bedside aid in the home, in institutions for chronic cases, in orphanages for cases not dangerous, or in certain kinds of convalescent cases where the patient's illness or the injury is slight. But a very definite law should control the limits of the service of such attendants. They should not be turned loose to perform at will any kind of nursing.

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Neither is the title sub-nurse one to which I can reconcile myself. To the mind of any competent nurse there can be no such term. How would the doctors like it if we were to advocate sub-doctors with modified educations to take the place of smaller fees of full graduate physicians? The profession would be up in arms at once, I am sure—and justly so. When we tamper with health we are experimenting with human life. The substitution of sub-nurses for graduates will, in nine cases out of ten, be just like that. Turning any number of half-trained, half-educated young women into the nursing field, without control of or limitations to their service, would be to release a tremendous force capable of serious disaster. Many young women in the full uniform of the nurse today have no right to it. Sooner or later they must reckon with themselves and with their patrons, and they cannot take account of themselves too soon. The sub-nurse is a dangerous experiment and should be strenuously opposed by all interests having the public health at heart. Almost any woman could get by for a time, and not even the doctor would be the wiser unless harm were done. Doctors, I know, are largely opposed to compulsory registration laws, but we nurses uphold such laws as safeguards against bad practice. I hope to see compulsory registration in every State some day.

Fixed standards in education and training for nurses have also come under the ban of some doctors. In a certain sense I agree with those doctors who assert that two years' hospital training is sufficient. Only too frequently the three-years' course is misused, especially in the smaller hospitals where the student nurses are required to do work which has little relation to nursing and takes them from the classrooms and wards. I have known of hospitals where the student nurses were required to work at the telephone switchboard, in the auditing department, in some secretarial capacity, or even in laboratory duty that is not a part of hospital work. This is an abuse of the three years' course. But when a course includes instruction in public-health nursing and in the science o nursing-school administration, then I approve of it.

More public-health nurses would help to diminish sickness by preventive work and the prenatal care of mothers and babies. Then, too, the trained attendant, by caring for those with simple ailments, would release the graduate nurse for her real work. Classes in elementary hygiene and in home care of the sick, such as the Red Cross conducts in many communities, would also be an aid in diminishing sickness and in relieving whatever congestion there may be because of the unnecessary use of the graduate nurse.

NEWS ITEMS.

The Ohio Valley Medical Association meeting was held at Evansville, Ind., November 16. Dr. Charles T. Suther, of Cincinnati, who has served as president of the Association for the last year, retired, and Dr. L. W. Bremerman, of Chicago, who has been first vice-president for the last year, was elected to succeed him. Dr. Sidney J. Eichel, of Evansville, was elected first vice-president; Dr. L. L. Solomon, of Louisville, second vice-president, and Dr. Murray N. Hadley, of Indianapolis, third vice-president. Dr. Benjamin F. Floyd, of Evansville, who has served as secretary and treasurer of the Association since its organization, was re-elected. The next meeting will be held in Evansville.

Dr. Clarence P. Colborn, age 62, died Nov. 17, as a result of apoplexy. He was one of the widely known physicians of Richmond and Wayne county, and had practiced for thirty years. A sister survives.

Mrs. C. D. Fansler, of the Methodist Hospital, was elected president of the Fourth district, Indiana State Nurses' Association, at a meeting at St. Vincent's Hospital. Other officers were elected as follows: Miss Katherine Hoar, of the Fletcher Sanatorium, first vice-president;

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Miss Birda Hunt, Deaconess Hospital, second vice-president; Miss Grace Harvey, of the Home Hospital of Lafayette, secretary; Miss Elizabeth Worster, Methodist Hospital, treasurer. Miss Nona Lindsay, of the Eastman Hospital, and Miss Eugenia Kennedy, of St. Vincent's Hospital, were elected directors for two years. The district appropriated $50 for the national nurses' headquarters and $200 for the student nurses' recruiting campaign. Miss Ina Gaskill, recruiting president, made a brief address.

The city council, by ordinance, has bought from the Shelby County Hospital Association, an organization of physicians of the city and county, a piece of property in Shelbyville to be used for hospital purposes. It joins property which was bequeathed to the city by William S. Major, subject to the life estate of Mrs. Major, and was to be used as a city hospital. The Major property is valued at $75,000. It was feared that should the county hospital association endeavor to operate the Major place as a hospital, the gift to the city would be jeopardized. The council bought the property after a petition signed by 200 taxpayers of the city had been presented. Mrs. Fannie Major, widow of W. S. Major, has announced that she is willing to give the city at once a quit claim deed to the property bequeathed by her husband, and it is expected that the hospital will be opened on a moderate scale within a few weeks.

Dr. Lehman Dunning was married to Miss Emma Abel, November 4. Both of Indianapolis.

Drs. H. A. Jacobs, A. S. Jaeger, and L. Segar were prominent factors in the entertainment of Julius Kahn, of California, who is chairman of the Committee on Military Affairs of the United States, House of Representatives. Mr. Kahn spoke at tht Jewish Temple in Indianapolis November 6, 1921.

A doctor was elected mayor of Muncie, Indiana—Dr. J. C. Quick.

Dr. Marie Haslep has been elected a member of the School Board in Indianapolis.

Dr. David H. Harold, age 78, died at the residence of his son, Dr. A. H. Harold, November 30, 1921.

Dr. Alexander P. Herron, age 70, who was a dentist in Indianapolis for forty years, died, November 8, from uremia.

A clipping from the Eldorado (Kansas) Times of November 7, 1921, says that a surprise was given to two "newly weds". The wedding took place October 19, 1921.

> "Dr. and Mrs. R. B. Earp, 217 North Taylor, were the honored guests at a dinner given at the El Dorado Hotel by several El Dorado physicians and their wives. The affair was a delightful occasion and was a surprise to Dr. and Mrs. Earp, who were given the impression that they were to be guests of but one or two other couples. The dinner took place at 6 o'clock and was served in seven courses. Dr. Anna Perkins was toastmistress; Dr. A. D. Gray gave a toast to the bride and Dr. W. J. Eilerts gave a toast to the groom. An electric percolator was presented to the guests of honor."

Dr. Earp graduated from the Central College of Physicians and Surgeons in 1897 and was a member of the Scottish Rite and Shrine in Indianapolis. He was a medical officer in the World War. For many years his father was a member of the faculty of DePauw University. He is a nephew of Dr. S. E. Earp, of Indianapolis.

John A. Lane has announced the marriage of his daughter, Agnes, to Siegmar Muhl, Jr., which took place November 8. Mr. Muhl is the druggist at Illinois and Tenth Streets and is associated with Siegmar Muhl, Senior. The latter has

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been in the drug business half a century and a year ago published an interesting little book relating his experience. Dr. Anita Muhl, who is now one of the physicians at the Elizabeth Hospital, Washington, D. C., is a daughter and was formerly an interne at St. Vincent's Hospital, Indianapolis.

Dr. A. S. Neely, of Indianapolis, presented to the Scottish Rite a gavel made from the wood of a Romanite apple tree planted by William Henry Harrison in Harrison county, Indiana, in 1806.

Dr. Charles A. Barnhill, dentist, has moved his office from 546 to 540 Bankers Trust Building.

Dr. Arvine E. Mozingo has moved his office to 1133 South Meridian Street.

Prof. F. M. Andrew, of the Department of Botany at Indiana University, was elected president of the Indiana Academy of Science at the thirty-seventh annual convention. Other officers are: C. A. Behrens, professor of bacteriology, Purdue University, vice-president; W. N. Hess, professor of zoology, DePauw University, secretary; H. F. Dietz, assistant state entomologist, assistant secretary; W. M. Blanchard, professor of chemistry, DePauw University, treasurer; F. Payne, instructor of biology, Indiana University, editor; F. D. Wade, of Indianapolis, press secretary.

"The Plan o' the House o' Man! Sir," which was noticed at length in our book department in November, will be shown on the screen. The author, Dr. James Cobell Minor, has had several overtures from some of the largest corporations.

Sir Harold Stiles, Regius Professor, University of Edinburgh, has been visiting his fellow-graduates, Dr. Tom A. Williams, in Washington. Sir Harold came to America to give the convocation address before the American College of Surgeons, and has visited several of the chief surgical clinics also.

Dr. William E. Gabe has moved his office to 410 Hume-Mansur Building.

Dr. J. P. H. Holland, the University physician, has been elected president of the Bloomington Chamber of Commerce.

Dr. Glenn E. Myers, graduate of the University Medical School, conducts a sanitarium for mental and nervous diseases at Compton, Calif.

Dr. Adele Eigenmann is an interne of the Children's Hospital, San Francisco.

Dr. Robert W. McCafferty, employe of Eli Lilly & Co., died on a traction car near Fort Wayne, Ind., November 14. He was formerly at the Harriman, Philadelphia, and had lived in Indianapolis three months.

Dr. T. W. DeHass has been in bed six weeks as the result of a spinal lesion.

Dr. Joel Whitaker is at his office after a hospital experience of two months.

One of the sidelights of the Kansas City meeting of the National Anaesthesia Research Society, October 24-25, in conjunction with the Mid-Western Association of Anaesthetists, was the presentation of a silver loving cup to Dr. A. E. Guedel, of Indianapolis, member of the Research Committee of the N. A. R. S., who has distinguished himself in the field of anaesthesia research generally.

A PRACTICING PHYSICIAN.

Patient—"I want to see doctor. Be this the place?"

Doctor—"This is where I practice."

Patient—"Don't want no person for to practice on me; I want a doctor for to cure me."—The Bulletin (Sydney).

CAUSE AND EFFECT.

Magistrate—"Do you mean to say that such a physical wreck as your husband gave you that black eye?"

Plaintiff—"Your Washup, 'e wasn't a physical wreck until 'e gave me the black eye."—London Opinion.

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BOOK AND JOURNAL REVIEWS.

The Practice Urology, a Surgical Treatise on Genito-Urinary Diseases, Including Syphilis, by Charles H. Chetwood, M. D., LL.D., F. A. C. S., Former professor of Genito-Urinary Surgery, New York Polyclinic; visiting Surgeon to Bellevue Hospital, etc. William Wood & Company, New York. 1921.

The author does not show a change in opinion of certain phases of former editions and in speaking of the work of this edition he used the term progressive-conservative attitude, all questions considered. New things, such as remedies, instruments and technic. Due attention is given any change that is a legitimate advancement in the department of medicine, but tried and established methods are not treated as if obselete but rather, they are carefully reviewed and credited with the importance they deserve. Credit is given to a more careful study of cases and preparation for operations in the best manner is advocated. The modern equipment for the purpose is accurately described and its value, so far as its usefulness is concerned, emphasized. For instance, we find the details of cystoscopy and a good description of the cystoscopic-unit-equipment designed by the author. For salvarsan and its substitutes, the term arsphenamin is used. Attention is given to what the author considers the best contained book by other authors and published before this one. This book is divorced from that of gynecology, but those things which should coexist are not slighted. Some authors seem to combine urology with gynecology, which is not right.

In a former edition the author said that the matter herein is aligned as seemed to be most practical and desirable both from a surgical and clinical aspect, beginning with diagnosis and general technic, and following with the various abnormalities and diseases of the different anatomical regions, subdividing the operative surgery in like manner. The colored normal and abnormal urethroscopic and the cysto-urethroscopic pictures between pages 124-129 are splendid and there are many others. For venereal warts the following is suggested: Acid salicylic 4 g. m., acid acetic 30 c. c. It forms a curdlike mixture which will remove the warts in 24 hours or less. The author says that in urethritis of the acute form, nothing is more useful than the yellow oil of East India sandalwood. This combination is suggested: Oil of sandalwood 30 c. c., citrate of potash 8 g. m., syr. acia q. s. ad. 100 c. c. mix. One teaspoonful after meals. Wintergren may be substituted for sandalwood when the latter disagrees and the effect is often satisfactory.

The colored plates illustrating surgical condition of the kidney are works of art. For the mixed treatment for syphilis the following formula is suggested: Mercury biniodide .13 to 5 g. m., potassium iodide 12 to 24 g. m., syr. sarsaparilla comp. and equal parts to make 120 c. c. One teaspoonful in half a tumbler of water three times a day.

A full description of the use of arsphenamin is given. S. E. E.

The Spleen and Some of Its Diseases, by Sir Berkeley Moynihan, of Leeds, England. 129 pages with 13 full-page diagrams. Philadelphia and London: W. B. Saunders Company, 1921.

The book gives a very careful and precise presentation of the material upon which the author based the Bradshaw Lecture, delivered at the Royal College of Surgeons of England in December, 1920. The surgery of spleen has enjoyed a very restricted field and only recently it has been found that the spleen plays an important part in many other diseases. We do not hesitate to quote from the author, as follows: "We are beginning to realize that the spleen, too, plays its part and perhaps a considerable one, in the etiology of diseases whose most conspicuous symptoms are evoked

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by associated or consecutive affections of other organs. In morbid affections of the abdominal vicera the spleen justly claims a measure of attention."

Considerable space is given to a description of the functions of the spleen, then the pathology of splenic diseases and the clinical and associated phenomena. The chapter on pernicious anemia is indeed interesting. There is a page illustration which shows the chief changes. There is also a page illustration showing the changes in leukemia.

The very latest known concerning Hodgkins disease is given and a report of removal of the spleen in one patient with good results.

The author says that for Banti's the only treatment is splenectomy and the degree of improvement that may take place is astonishing. It is, as W. J. Mayo says, an evidence that the great power of the liver to regenerate its specific cells is utilized to the full. In speaking of von Jaksch's disease (anemia pseudoleukemia infantum), the author says that it is evident that the most satisfactory view of this disease is that which regards it as a symptom of some other disorder. In speaking of polycythemia, it is said that it is possible that the disease may not be due to direct stimulation of the red-cell-forming tissues, but may be a collateral effect of some deeper and more general disturbance of matabolism.

The last chapter concerns the liver in some of its relations to the spleen. It is full of interest.

In conclusion the author says that instead of searching for the existence of this or that splenic disease, an inquiry should be directed to the determination of the functional capacity of all the various organs likely to be deranged.

S. E. E.

Applied Psychology for Nurses, by Mary F. Porter, Highland Hospital, Asheville, N. C. 12mo. of 172 pages. Philadelphia and London: W. B. Saunders Company, 1921. Cloth.

It is apparently the intent of the author to deal with the simple principles of psychology only as the nurse can immediately apply them. After an answer to the question, what is psychology? Consciousness, the relation of mind and body, the normal mind and the psychology of health are topics which are presented understandingly and yet not in a verbose description. In speaking of the variations from normal mental processes, disorders and perversions are first given attention. In many instances a simple definition is given which perhaps is enough. Much is said concerning "getting the patient's point of view," and wisely Chapter XII discusses the psychology of the nurse. It is well to conclude that the nurse of the future will know the laws of mind as she knows the course of disease; she will be dedicated to such wise care of existing disease as will lead to prevention of future disease; and she will be a sworn ally of the health-accepting mind. For many years I have lectured before several of the training schools for nurses and I don't hesitate to say that this book will prove a very valuable aid to the nurse.

S. E. E.

A Clergyman's Son and Daughter, by William J. Robinson, M. D., author of numerous books. The Critic and Guide Publishing Company, New York, 1922.

The contents of this book reviews the life of a young man who experienced the ills of life. He became despondent as a result of one avenue of the venereal peril that he had entered unconsciously and without fault of his own. His life was under the canopy of a cloudy sky, but the clouds rolled away and sunshine ruled supreme. The daughter comes in evidence now and then, adding to the interest of the narrative and she and her belongings make an integral part. While the disease was hereditary yet unless one reads all of the book carefully the condition of a phobia is suggested or perhaps it may be said to be a phobia, the foundation of which is a fact. The story has its lesson and is full of interest, and in part is as follows:

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Frank Brompton looked back on the twenty-one years behind him. He found nothing whatever to rejoice over in his life. His father, Rev. John Harding Brompton, now sixty-six years old, did not believe in idleness and games, so he kept the boy occupied in hard mental work, therefore keeping him clean and away from temptation. Frank meets a doctor's daughter and is in love. During their engagement he developed open sores on his legs and suffered with severe pains in his bones. A specialist told him that he had syphilis, much to his surprise. He determined to find the source of the disease, knowing he had never been exposed. He learned that it was hereditary. His father when young had become infected. He attempted suicide but failed. He then joined the army and became a good strong soldier. While in battle he killed his sister's sweetheart who was a German, and he attempted suicide again. He shot himself, the bullet entering his lung. After a severe hemorrhage and an extensive transfusion he recovered. Tests of blood and spinal fluid proved unquestionably negative. He married and became father of two children. He became interested in politics and was elected secretary of state. S. E. E.

The Medical Record Visiting List, published by William Wood and Company, 5 Fifth Avenue, New York.

We depend upon a list of this character in our work. It is always essention. Mention of this list was made in our last issue. The contents consists of:

Preface—Table of Contents.
Calendar, July, 1917, to July, 1919.
Estimation of the Probable Duration of Pregnancy.
Obstetric Calendar on Folding Chart.
Approximate Equivalents of Temperature, Weight, Capacity, Measure, etc.
Maximum Adult Doses by the Mouth, in Apothecaries and Decimal Measures.
Drops in a Fluid Drachm of Different Liquids, and Under Differen Conditions.
Solutions for Subcutaneous Injection.
Diagnostic Hints on Contagious Diseases.
Miscellaneous Facts.
Poisons and their Antidotes.
Emergencies.
Artificial Respiration.
Signs of Death.
Hints on the Writing of Wills.
Table of Signs.
Visiting List with Special Memoranda.
Consultation Practice.
Obstetric Engagements.
Record of Obstetric Practice.
Record of Vacinations.
Register of Deaths.
Nurses' Addresses.
Addresses of Patients and Others.
Cash Account.

The price ranges from $2.00 to $2.50 for 60 to 90 patients per week.

Its use saves time, gives a correct record and prevents the waste of accounts that otherwise would be lost, and lastly it is convenient to carry in a pocket.

S. E. E.

WISE JIMMY.

"Jimmy," said the fond mother to her smart eleven-year-old, "what became of that little pie I made for you as a treat yesterday? Did you eat it?"

"No, mamma," answered Jimmy with a grin; "I gave it to my teacher at school instead."

"That was very nice and generous of you, Jimmy," complimented his mother. "And did your teacher eat it?"

"Yes; I think so," answered Jimmy. "She wasn't at school today."—London Tit-Bits.

JUST SO.

Fritz Leiber, the Shakespearean actor, was submitted to a long and trying interview not so long ago by a woman reporter, who finally wound up with this question: "Don't you think, Mr. Leiber, that if the immortal William were alive today he would be looked upon almost in the nature of a curiosity?"

"Indeed, he would," answered the actor. "Just think of it! He'd be more than three hundred years old."—New York Evening Post.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE

Furnished by Our Collaborators

SUMMER HAPPENINGS AND A CHRISTMAS GREETING TO COL. MARTIN J. TRACY, CLEVELAND, OHIO.

You reviewed your insurance policy again
With carefulness and precisian,
It showed you were not three-score years and ten,
Which refutes a former false decision.

You have enlargement of the heart,
But not the doctor's point of view,
It is, that friendship plays its part
The reason why so many love you, too.

Your sports and pastimes chime with friends,
With fullest spirit enter you in all,
And the infectious pleasure never ends
Till the quietus of the dinner call.

You like the deepest water and the purest air,
And to play the pickerel, bass and pike,
Hence you seat-warm docks on Lake St. Clair,
Without murmur when there's not a strike.

Once while dozing, a spider webbed your fishing tackle
And the dragon fly upon your reel was lighting,
Then the "chickens" on the dock began to cackle
And the fish at once began their biting.

Then the Kahlers came on one occasion
She with cap and coat of Joseph's hue,
He made pencil studies without hesitation
But she was always ready with the cue.

Roy and Gertrude added much enjoyment,
And were gems at entertaining,
This was always good employment
Even in the house when it was raining.

But when the sun dispelled the cloudy weather
And the air was rare and fine,
At eventide all got together
To enjoy the tuneful—Brandywine.

So things went on day after day
Among genial friends without number,
To be happy there is no better way,
Though some few hours are passed in slumber.

The real companionship and true
That makes life one harmonious song
Is the love between your "pal" and you,
With happiness so sweet and long.

But summer has ended and Thanksgiving past,
The memory gives a portion of pleasure,
But Christmas, which comes toward the last
May be bounteous and full to the measure.

Indianapolis, December 25, 1921.

THEIR TAKING WAYS.

A stranger reported to Sergeant Mike McLean that he had his grip, overcoat, and umbrella stolen before he was in town two hours, and he said, "There will be an awful reckoning in this burg when Gabriel blows his horn over it."

Mike replied: "Gabriel will never blow his horn over this town; they'll steal it before he gets a chance to blow it"—Lackawanna Journal.

Reducing the Noise.—Rubber-paved streets are to be given a trial in London. And, with silent motor-engines, our only traffic noises soon should be the shrieks of injured pedestrians.—London Opinion.

Not Forgotten.—A widower ordered a headstone for his wife's grave. The inscription concluded with: "Lord. she was thine." When it was finished it was found that the stone-cutter did not have room on the stone for the "e" in "thine."—The Drexerd.

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PUBLISHERS' DEPARTMENT

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. Eugene Buehler, Business Manager, 634 Occidental Building, Indianapolis.

INDUCING NATURAL SLEEP.

In choosing a sedative agent the prime requisites are that the one chosen should induce sleep of a natural character and that no depressing or dangerous effects follow its use. This latter is all the more urgent if the need for the continued use of a sedative be present.

It is because it so well meets these demands that Pasadyne (Daniel) has become the most often chosen sedative with a large number of physicians. Following its administration the patient secures sleep that is refreshing and closely resembles natural sleep. Owing to these advantages Pasadyne (Daniel) is of particular service in women and children.

A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Georgia.

"SOLUTION OF ALBUMINATE OF IRON."

(Liquor Ferri Albuminatis, Flexner.) Contains 13% Alcohol. Each teaspoonful of this preparation represents one grain of Dry Albuminate of Iron in permanent solution. Robinson-Pettet Co., incorporated. (See page —— this issue.)

REINFORCING ANTI-SYPHILITIC THERAPY.

It is generally recognized that in the treatment of syphillis it is not that the arsenicals and mercurials have a definite spirocheticidal effect per se but rather that these agents increase specific resistence against the virus of syphilis and render the tissue an inhospitable host. It is logical to assume that if the general tissue resistence is increased that this so-called specific resistence likewise will be increased. Reasoning along these lines many physicians make it a rule to put their syphilitic patients on Cord. Ext. Ol. Morrhuae Comp. (Hagee) as a routine measure during the period that they are under treatment for the luetic affection. This product not only has the therapeutic effect of increasing bodily strength but has a further advantage in extreme palatability. It will do everything that the plain oil will do.

"WAKING UP" THE LIVER.

To increase the activity of the liver, without causing active purgation, is a constant problem of every day practice. All too often, moreover, increased intestinal activity is mistaken for cholagogue effect. As a dependable means of arousing a torpid liver, and rapidly correcting the conditions causing jaundice without producing excessive bowel action, there is no remedy that will be found so uniformly prompt and satisfactory in effect as Chionia. Many physicians combine it with certain cathartic measures such as sodium phosphate, when these are indicated. One or two teaspoonfuls in water three times a day is an effective dosage.

IRRITATED CONDITIONS OF URINARY TRACT.

I have known the preparation Sanmetto for many years and know of its delightful action in irritated conditions of the genito-urinary tract. It is a mild, soothing tonic.

WHY CACTINA PILLETS ARE SO VALUABLE.

Cactina Pillets owe their value to the fact that they act as a heart tonic, and therefore may be used without the slightest fear of any unpleasant effect in cases of long standing functional heart trouble. Especially is the weak, intermittent, or extremely rapid heart steadied, strengthened and toned up by their systematic employment. One to two Pillets every two or three hours almost always

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produces, in a short time, an effect that promptly quiets a patient's apprehension, and adds immeasurably to his comfort and well being.

A DEFINITE INDICATION.

Cough unaccompanied by expectoration is a frequent cause of aggravatilon and extension of the inflammatory process in bronchitis. In the dry, congested stage, treatment should aim to increase the mucous secretion, and, until a free secretion is established, to soothe the mucous membrane and prevent the harmful unproductive paroxysms of cough.

An ideal combination for this purpose is Syrup Cocillana Compound, P. D. & Co. This is an ethical preparation. Its gold color is rather unusual for a cough syrup; and the peach flavor and aroma are particularly agreeable.

Besides these points of pharmaceutical superiority, there can be no question of the fact that the ingredients are selected with a view to producing a therapeutically effective compound.

HEREDITY.

"Do you believe in heredity, Nupop?"

"I certainly do. Why, for instance, is my six-months-old always trying to get his toes in his mouth if it isn't because of his dad's constant struggle to make both ends meet?"—Boston Transcript.

LAPSIS LINGUAE.

On making rounds with his students one day, the chief of staff addressed a patient: "Who is the idiot who did this abominable operation for phimosis?" The patient made no reply and the question was hurled at him again. After some time the patient ventured to answer, "You did, sir, a year ago." The chief turned to his students and said: "This teaches you never to speak before you have turned your tongue about in your mouth seven times."—Contributed Medical Pickwick.

A wise precaution. One might add: Never ascribe the betterment of the patient to the action of a former prescription so that the patient cannot have the opportunity of saying, as one did, "I did not take your medicine. I tried it on the dog and it killed the .

PUT IT IN RHIME.

The following complaint was received by a claim agent of the Illinois Central Railroad, at Vicksburg, Miss., from a Franklin County, Miss., farmer whose hog was killed by an Illinois Central train:

My razorback strolled your track
A week ago today.
Your 29 came down the line
And snuffed his life away.
You can't blame me; the hog, you see,
Slipt through a cattle-gate,
So kindly pen a check for ten,
This debt to liquidate.

This is the reply received by the farmer:

Old 29 came down the line
And killed your hog we know,
But razorbacks on railroad tracks
Quite often meet with woe.
Therefore, my friend, we can not send
The check for which you pine.
Just plant the dead; place o'er his head:
"Here lies a foolish swine."

—Quoted by P. J. Holan, of Collinwood, Tenn.

THE PIONEER MOTHER.

Of all the wonderful beings,
That ever graced the earth;
Of all our country's immortals,
That ever proved their worth;
There stood one figure transcendent,
Like a star in the firmament set,
To shine on forever and ever,
That we may never forget:
The blessed Pioneer Mother,
A star in the firmament set!

—Harriet Spaunhurst, Indianapolis Star

Careless Doctor.—"You say this doctor has a large practice?"

"It's so large that when a patient has nothing the matter with him he tells him so."—The American Legion Weekly.

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Central States Medical Monitor and Indiana Medical Journal

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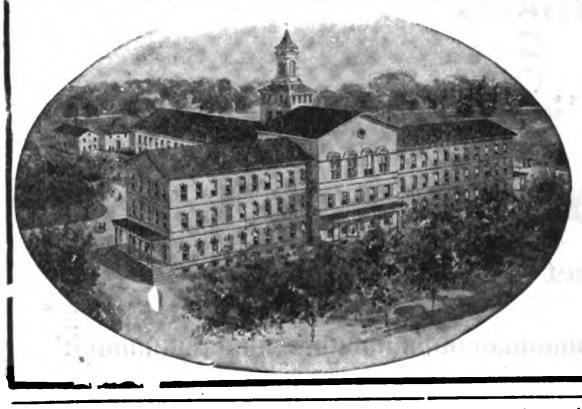

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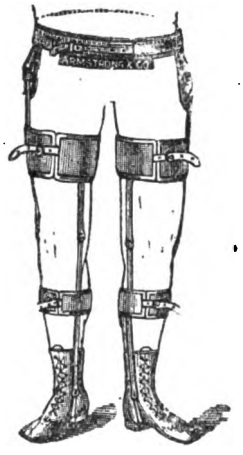

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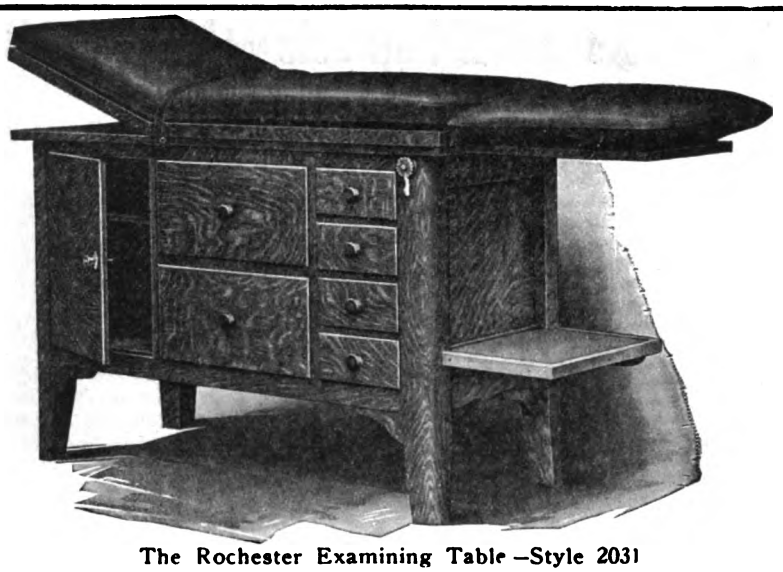

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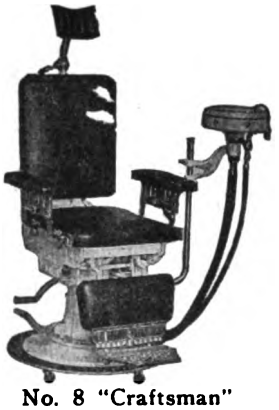

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